

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC.
Grassy Mountain Facility
Inspection Record

TYPE: **Daily**
 FORM: **RD14**

Date of Inspection: _____ Time: _____ AM/PM

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TANK SYSTEMS

EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT Check the following for proper operation:	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
CAUSTIC, ACID & TREATED LIQUID STORAGE SYSTEMS: Tanks out-of-service	1. Manual operating valves	n/a	n/a	n/a	n/a
	2. High level alarms - power source - operating mechanisms - protective overlays - sounding mechanism	n/a	n/a	n/a	n/a
	3. Check valve, piping & pumps	n/a	n/a	n/a	n/a
	4. Discharge controls	n/a	n/a	n/a	n/a
REACTION TANK SYSTEMS: Out-of-service	1. Manual operating valves	n/a	n/a	n/a	n/a
	2. High level alarms - power source - operating mechanisms - protective overlays - sounding mechanism	n/a	n/a	n/a	n/a
	3. Check valve, piping & pumps	n/a	n/a	n/a	n/a
	4. Discharge controls	n/a	n/a	n/a	n/a
	5. Level Indicator - power source - operating mechanisms	n/a	n/a	n/a	n/a
	6. H ₂ S / HCN scrubber - induced flow fan - check/calibrate pH meter - check heating coils for signs of corrosion, rust or blisters. - sounding mechanism	n/a	n/a	n/a	n/a

Inspector's Name: _____ n/a _____

Inspector's Signature: _____ n/a _____

COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):

IF STATUS NOT OK, MARK THE FOLLOWING
 ENVIRONMENTAL DEPARTMENT CONTACTED:

() YES

() NO

REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO